



State of Washington
Application for a Water Right Permit

☐ SURFACE WATER ☒ GROUND WATER
☒ Permanent ☐ Temporary ☐ Short Term

For Ecology Use
(Date Stamp)

07 SEP 12 A8:07

DEPT. OF ECOLOGY
FISCAL & BUDGET

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

| | | |
|---|---------------------------|------------|
| Applicant/Business Name: Richard Bowen | Phone No: 360.678.1167 | Other No: |
| Address: 2476 Avalon Lane. | | |
| City: Coupeville | State: WA | Zip: 98239 |
| Email Address (optional): bowen@whidbey.net | | |

| | | |
|---|-----------|-----------|
| Contact Name (if different from above): | Phone No: | Other No: |
| Relationship to Applicant: | | |
| Address: | | |
| City: | State: | Zip: |
| Email Address (optional): | | |

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Provide water to a small public water system.

Anticipated length of time to complete your project: 5 years

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

| Purpose(s) of Use | Rate (check one box only) | | Acre-Feet per Year (AF/YR) (If known) | Period of Use (Continuously or Seasonal) |
|-----------------------|--|--|---------------------------------------|--|
| | <input type="checkbox"/> Cubic Feet per Second (CFS) | <input checked="" type="checkbox"/> Gallons per Minute (GPM) | | |
| Group Domestic Supply | 11 | | 5 | Continuously |
| | | | | |
| | | | | |
| | | | | |
| TOTAL: | | | | |

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: / / TO: / /

| | | |
|-------------------|--------------------------|-------------------------------------|
| For Ecology Use | APPLICATION NO: 61-28518 | SEPA: Exempt/Not Exempt |
| Fee Paid: 9/12/07 | Check No: | ECY Coding: 001-001-WR1-0285-000011 |
| Date Returned | By | Priority Date 9/12/07 By WIA: 6 |

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

| | | | | | | | |
|--|----------|----|-------------|---|-------|--------|--|
| A.) If Surface Water Source | | | | B.) If Ground Water Source | | | |
| <input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ | | | | <input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ | | | |
| Source Name: _____ | | | | Well diameter & depth: <u>6" diameter & 96' deep</u> | | | |
| Tributary to: _____ | | | | Number of proposed points of withdrawal: <u>1</u> | | | |
| Number of proposed diversion points: _____ | | | | Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | If available, attach Water Well Report and pump test. | | | |
| | | | | Well Tag ID No. <u>APR 953</u> | | | |
| C.) Point of Diversion/Withdrawal – Legal Description | | | | | | | |
| Parcel No. | ¼ | ¼ | Section | Township | Range | County | |
| R23130-150-3410 | NE | SE | 30 | 31N | 2E | Island | |
| Lot(s) | Block(s) | | Subdivision | | | | |
| | | | | | | | |
| If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: | | | | | | | |
| <u>1500</u> Feet (<input checked="" type="checkbox"/> North/ <input type="checkbox"/> South) and <u>70</u> feet (<input type="checkbox"/> East/ <input checked="" type="checkbox"/> West) | | | | | | | |
| from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input checked="" type="checkbox"/> SE <input type="checkbox"/>) corner of Section <u>30</u> . | | | | | | | |
| Parcel No. | ¼ | ¼ | Section | Township | Range | County | |
| | | | | | | | |
| Lot(s) | Block(s) | | Subdivision | | | | |
| | | | | | | | |
| If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: | | | | | | | |
| _____ feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) | | | | | | | |
| from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/>) corner of Section_____ | | | | | | | |

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO
Provide the owner name(s), address, and phone number: _____

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

| | | | | | | |
|--|----|---------|------|-------|--------|-----------------|
| S/2 OF S660' OF: S3/4 OF NE SE ALSO NW SW LY W OF ST RTE 525 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ¼ | ¼ | Section | Twp. | Range | County | Parcel No. |
| NE | SE | 30 | 31 N | 2 E | Island | R23130-150-3410 |

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO
Provide owner name(s), address, and phone number: _____

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO
If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): The system is being designed to be a four (4) party water system to serve a potential short plat of the parent parcel. Future shortplats may provide a total of seven (7) parcels. The system will consist of the well, a constant pressure pump, small pressure tank, and 2" diameter PVC waterlines

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

| A.) Domestic Water Systems only | B.) Municipal Water Systems only (defined under RCW 90.03.015) |
|---|--|
| Projected number of connections to be served: <u>7 connections</u> | Present population to be served water: _____ |
| Type of connections: <u>homes</u> (e.g., home, recreational cabin) | Estimate future population to be served: _____ (20 year projection) |
| C.) Water System Planning | |
| Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| If yes, date plan was approved ____/____/____ Water System Number: _____ | |
| Name of water system: _____ | |
| Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| If yes, explain why you are unable to connect to the system: _____ _____ _____ _____ | |

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☐ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: _____

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: Well site parcel is located on the west side of SR 525, 1500 feet north of Ledgewood Beach Road, in Coupeville WA located on Whidbey Island. A small white pumphouse is located next to the well.

Site Address: xx SR 525

| | |
|--|--|
| Section 11. REQUIRED SIGNATURES | |
|--|--|

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

RICHARD G. BOWEN
Print Name
(Applicant or authorized representative)

Richard S. Bowen
Signature

8/30/2007
Date

RICHARD G. BOWEN
Print Name
(Landowner of Place of Use)

Richard H. Bowen
Signature

8/30/2007
Date

Print Name
(Landowner of Place of Use)

Signature _____

Date _____

Print Name
(Landowner of Place of Use)

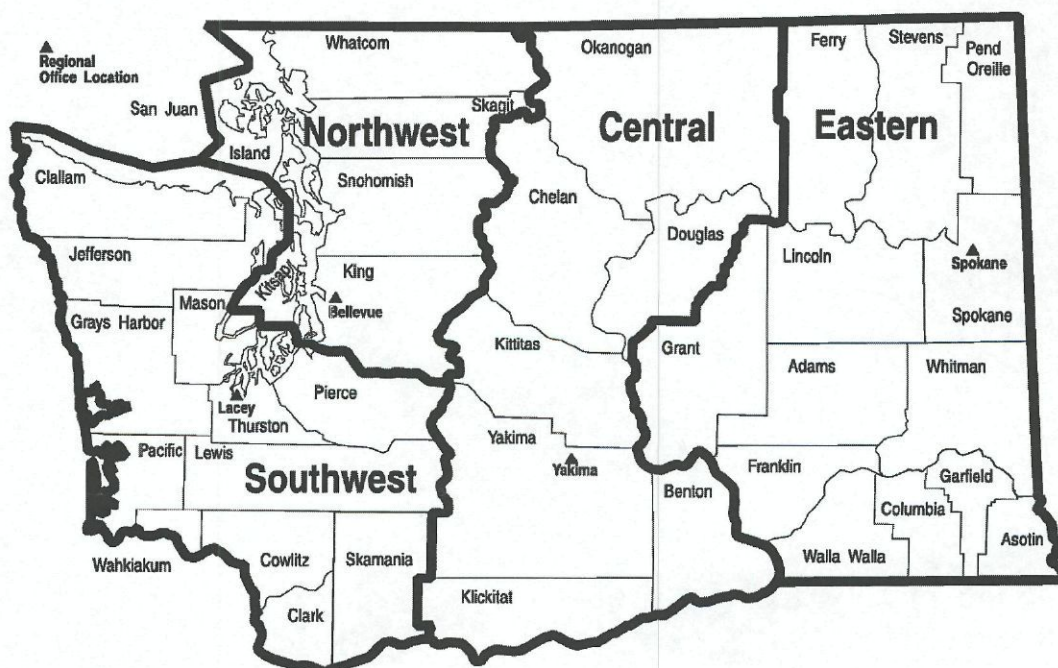
| | |
|-----------|--|
| Signature | |
|-----------|--|

Date _____

Submit your application to: DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 5128
LACEY WA 98509-5128

Please check the region in which your proposed project is located.
☐ Southwest ☒ Northwest ☐ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300

Northwest Regional Office: 425-649-7000

Central Regional Office: 509-575-2490

Eastern Regional Office: 509-329-3400

DAVIDO CONSULTING GROUP, INC.

CIVIL • STRUCTURAL • LAND USE

LETTER OF TRANSMITTAL

☐ 15029 BOTHELL WAY NE, STE 600

LAKE FOREST PARK, WA 98155

TELEPHONE: (206) 523-0024

FAX: (206) 523-1012

☒ PO BOX 1132

FREELAND, WA 98249

TELEPHONE: (360) 331-4131

FAX: (360) 331-7394

DATE: September 5, 2007

RE: Water Right Application

TO: Department of Ecology

Cashiering Section

PO Box 5128

Lacey, WA 98509-5128

WE ARE SENDING YOU:

☒ Attached

☐ Under Separate
Cover

☐ Letter

☒ Permit App.

☐ Plans

☐

☐ Specifications

☐

☐ Report

☐

| NO. | COPIES | DESCRIPTION |
|-----|--------|-------------------------|
| 1 | 1 | Water Right Application |
| 2 | 1 | Application fee \$50 |

THESE ARE TRANSMITTED as checked below:

☒ For review

☐ No exceptions taken

☐ Resubmit _____ copies for review

☐ For your use

☐ Exceptions as noted

☐ Submit _____ copies for distribution

☐ As requested

☐ Returned for corrections

☐ Return _____ corrected prints

☐ For review and Comment

☐

REMARKS

I am submitting a water right application for Mr. Bowen to support his proposed seven connection water system in Coupeville, WA.

Please let me know if you have questions or comments regarding this application.

Thank you.

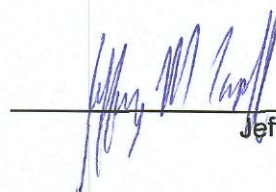
DISTRIBUTION:

☒ Dick Bowen

☐

☒ DCG File

SIGNED:



Jeffrey M. Tasoff

If enclosures are not as noted, kindly notify us at once.



WATER WELL REPORT

Original & 1st copy - Ecology, 2nd copy - owner, 3rd copy - driller

Construction/Decommission ("x" in circle)

☒ Construction

☐ Decommission ORIGINAL INSTALLATION Notice
of Intent Number _____

CURRENT

Notice of Intent No. W238321

Unique Ecology Well ID Tag No. APR 953

Water Right Permit No. _____

Property Owner Name RICHARD B. BOWEN

Well Street Address SR 525 Ledgebrook

City Coupeville County ISLAND

Location NE1/4-1/4SE 1/4 Sec 30 Twn 31 R 2 EWM circle one

Lat/Long (s, t, r) Lat Deg _____ Lat Min/Sec _____

Still **REQUIRED** Long Deg _____ Long Min/Sec _____

Tax Parcel No. R 23130-150-3410

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. (USE ADDITIONAL SHEETS IF NECESSARY.)

| MATERIAL | FROM | TO |
|------------------|------|----|
| Brown Dirty Sand | 0 | 13 |
| Sandy Hardpan | 13 | 27 |
| Silty Sand | 27 | 48 |
| Sand | 48 | 65 |
| Silty Sand | 65 | 76 |
| Clay | 76 | 79 |
| Silty Sand | 79 | 96 |
| Clay at 96 | | |

Well site approval

I.C.H.

28 Sept 2005

Left Well needs
to be pump tested
to get good samples
and determination
gpm Gary

Start Date 5-19-07

Completed Date 5-22-07

PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal
☐ DeWater ☐ Irrigation ☐ Test Well ☐ Other _____

TYPE OF WORK: Owner's number of well (if more than one) _____
☒ New well ☐ Reconditioned Method: ☐ Dug ☐ Bored ☐ Driven
☐ Deepened ☒ Cable ☐ Rotary ☐ Jetted

DIMENSIONS: Diameter of well 6 inches, drilled 96 ft.
Depth of completed well 96 ft.

CONSTRUCTION DETAILS
Casing ☐ Welded 6 " Diam. from 1.5 ft. to 91 ft.
Installed: ☐ Liner installed " Diam. from _____ ft. to _____ ft.
☐ Threaded " Diam. from _____ ft. to _____ ft.

Perforations: ☐ Yes ☒ No
Type of perforator used _____
SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.

Screens: ☒ Yes ☐ No ☒ K-Pac Location 90
Manufacturer's Name Johnson
Type Stainless Model No. Tele
Diam. _____ Slot size _____ from _____ ft. to _____ ft.
Diam. 5 Slot size 8 from 91 ft. to 96 ft.

Gravel/Filter packed: ☐ Yes ☐ No ☐ Size of gravel/sand _____
Materials placed from _____ ft. to _____ ft.

Surface Seal: ☒ Yes ☐ No To what depth? 18+ ft.
Material used in seal Bentonite
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

PUMP: Manufacturer's Name _____
Type: _____ H.P. _____

WATER LEVELS: Land-surface elevation above mean sea level 250+ ft.
Static level 48 ft. below top of well Date 5-22-07
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (cap, valve, etc.)

WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? ☐ Yes ☒ No If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
Time Water Level Time Water Level Time Water Level

Date of test _____
Bailer test 15 gal./min. with Max ft. drawdown after 2 1/2 hrs.
Airstest _____ gal./min. with stern set at _____ ft. for _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? ☐ Yes ☒ No

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

☒ Driller ☐ Engineer ☐ Trainee Name (Print) G Boonstra
Driller/Engineer/Trainee Signature Gert Boonstra
Driller or trainee License No. 0030

If TRAINEE,
Driller's Licensed No. _____
Driller's Signature _____

Drilling Company WHIDBEY DRILLERS
Address 716 Holbrook Rd
City, State, Zip Coupeville WA 98239
Contractor's
Registration No. WHIDBWD94499 Date 5-23-07

Ecology is an Equal Opportunity Employer.

| Bob's Pumps 1995 Water Works Way Oak Harbor Wa. 98277 1-360-675-5441 | | | | | |
|---|---------------|-----------------------------|-------------------------------------|-----------------------------|-----------|
| NAME | Richard Bowen | | Location | 525 Hy | 7/20/2007 |
| ADDRESS | | | | | |
| <u>DRAW DOWN TEST RESULTS:</u> | | | | | |
| Time After Start of Test | Clock Time | Water Depth (ft./in.) | Water Meter Reading (gallons) | Calc. Flow Rate (gpm) | Remarks |
| Start | 7:55 | 48 ft. | 488 | | |
| 30 sec. | 7:55:30 | 53 ft. | 493.5 | 5.5 | |
| 1 min. | 7:56 | 56 ft. | 499 | 15 | |
| 2 min. | 7:57 | 60 ft. 11 in. | 510 | 11 | |
| 3 min. | 7:58 | 64 ft. 10 in. | 521 | 11 | |
| 4 min. | 7:59 | 67 ft. 2 | 532 | 11 | |
| 5 min. | 8:00 | 71 ft. | 543 | 11 | |
| 6 min. | 8:01 | 73 ft. 6 in. | 554 | 11 | |
| 7min | 8:02 | 74 ft. 6 in. | 565 | 11 | |
| 8min. | 8:03 | 75 ft. | 576 | 11 | |
| 9min. | 8:04 | 79 ft. | 587 | 11 | |
| 10min. | 8:05 | 84 ft. | 598 | 11 | |
| 11min | 8:06 | 84 ftl. | 609 | 11 | |
| 12min. | 8:07 | 84 ft. | 620 | 11 | |
| 13 min. | 8:08 | 84 ft. | 631 | 11 | |
| 14min | 8:09 | 84 ft. | 642 | 11 | |
| 15min | 8:10 | 84 ft. | 653 | 11 | |
| 20min. | 8:15 | 84 ft. | 708 | 11 | |
| 25min. | 8:20 | 84 ft. | 763 | 11 | |
| 30min. | 8:25 | 84 ft. | 818 | 11 | |
| 40min. | 8:35 | 84 ft. | 928 | 11 | |
| 50min. | 8:45 | 84 ft. | 1038 | 11 | |
| 1hr | 8:55 | 84 ft. | 1148 | 11 | |
| 1hr. 30 min. | 9:25 | 84 ft. | 1478 | 11 | |
| 2hr. | 9:55 | 84 ft. | 1808 | 11 | |
| 2hr. 30min. | 10:25 | 84 ft. | 2138 | 11 | |
| 3hr. | 10:55 | 84 ft. | 2468 | 11 | |
| 3hr. 30min | 11:25 | 84 ft. | 2798 | 11 | |
| 4 hr | 11:55 | 84 ft. | 3128 | 11 | |
| 4hr 10min | 12:05 | 84 ft. | 3238 | 11 | |
| RECOVERY | | | | | |
| 84 ft | | | | | |
| 30sec. | 82 ft | | | | |
| 1 min. | 80 ft. | | | | |
| 2min. | 78 ft. | | | | |
| 3 min. | 76 ft. | | | | |
| 4min. | 74 tf. | | | | |
| 5 min. | 72 ft. | | | | |
| 6 min | 70 ft. | | | | |
| 7min. | 68 ft. | | | | |
| 8 min | 66 ft. | | | | |

Mike Nelson
Mike Nelson

| | |
|---------|--------|
| 9 min | 64 ft. |
| 10 min. | 62 ft. |
| 20 min | 48 ft. |



Burlington WA 1620 S Walnut St - 98233
Corporate Office 800.755.9295 • 360.757.1400 • 360.757.1402fax
Bellingham WA 805 Orchard Dr Suite 4 - 98225
Microbiology 360.671.0688 • 360.671.1577fax

INORGANIC COMPOUNDS (IOC) REPORT

Client Name: Richard Bowen
2476 Avalon Lane
Coupeville, WA 98239

Reference Number: 07-09350
Project: SR525 Greenbank

System Name:
System ID Number:
DOH Source Number:
Multiple Sources:
Sample Type:
Sample Purpose: Investigative or Other
Sample Location: SR525 Greenbank
County:

Sample Number: Bowen
Lab Number: 04621281
Collect Date: 7/20/2007
Date Received: 7/20/2007
Report Date: 7/27/2007
Sampled By: Bobs Pumps
Sampler Phone:
Supervisor: *YB*

| DOH# | ANALYTES | RESULTS | UNITS | SRL | Trigger | MCL | Analyst | METHOD | COMMENT |
|------|----------------------------------|---------|-------------|--------|---------|-------|---------|-------------|---------|
| | EPA Regulated | | | | | | | | |
| 4 | ARSENIC | 0.003 | mg/L | 0.002 | 0.010 | 0.010 | mvp | 200.8 | |
| 5 | BARIUM | ND | mg/L | 0.100 | 2 | 2 | mvp | 200.8 | |
| 6 | CADMIUM | ND | mg/L | 0.002 | 0.005 | 0.005 | mvp | 200.8 | |
| 7 | CHROMIUM | ND | mg/L | 0.010 | 0.1 | 0.1 | mvp | 200.8 | |
| 11 | MERCURY | ND | mg/L | 0.0002 | 0.002 | 0.002 | so | 245.1 | |
| 12 | SELENIUM | ND | mg/L | 0.005 | 0.05 | 0.05 | mvp | 200.8 | |
| 110 | BERYLLIUM | ND | mg/L | 0.003 | 0.004 | 0.004 | mvp | 200.8 | |
| 111 | NICKEL | ND | mg/L | 0.040 | 0.1 | 0.1 | mvp | 200.8 | |
| 112 | ANTIMONY | ND | mg/L | 0.005 | 0.006 | 0.006 | mvp | 200.8 | |
| 113 | THALLIUM | ND | mg/L | 0.002 | 0.002 | 0.002 | mvp | 200.8 | |
| 116 | CYANIDE, FREE | ND | mg/L | 0.050 | 0.2 | 0.2 | kiy | SM4500-CN F | |
| 19 | FLUORIDE | ND | mg/L | 0.20 | 2 | 4 | mvp | 300.0 | |
| 114 | NITRITE-N | ND | mg/L | 0.50 | 5 | 1 | mvp | 300.0 | |
| 20 | NITRATE-N | 2.03 | mg/L | 0.50 | 5 | 10 | mvp | 300.0 | |
| 161 | TOTAL NITRATE/NITRITE | 2.03 | mg/L | 0.50 | 5 | 10 | mvp | 300.0 | |
| | EPA Regulated (Secondary) | | | | | | | | |
| 8 | IRON | ND | mg/L | 0.100 | 0.3 | 0.3 | bj | 200.7 | |
| 10 | MANGANESE | ND | mg/L | 0.010 | 0.05 | 0.05 | mvp | 200.8 | |
| 13 | SILVER | ND | mg/L | 0.010 | 0.05 | 0.05 | mvp | 200.8 | |
| 24 | ZINC | ND | mg/L | 0.200 | 5 | 5 | mvp | 200.8 | |
| 21 | CHLORIDE | 32 | mg/L | 20 | 250 | 250 | mvp | 300.0 | |
| 22 | SULFATE | 15 | mg/L | 10 | 250 | 250 | mvp | 300.0 | |
| | State Regulated | | | | | | | | |
| 17 | TURBIDITY | 0.19 | NTU | 0.05 | 1.0 | 1.0 | js | 180.1 | |
| 14 | SODIUM | 21.8 | mg/L | 5.0 | | | bj | 200.7 | |
| 15 | HARDNESS | 124.8 | mg/L | 10 | | | bj | 200.7 | |
| 16 | ELECTRICAL CONDUCTIVITY | 375 | uS/cm | 10 | 700 | 700 | so | SM2510 B | |
| 18 | COLOR | ND | Color Units | 5 | 15 | 15 | js | SM2120 B | |
| | State Unregulated | | | | | | | | |
| 9 | LEAD | ND | mg/L | 0.002 | | 0.015 | mvp | 200.8 | |
| 23 | COPPER | ND | mg/L | 0.020 | | 1.3 | mvp | 200.8 | |

NOTES:

SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH).

MCL (Maximum Contaminant Level) maximum permissible level of a contaminant in water established by EPA; Federal Action Levels are 0.015 mg/L for Lead and 1.3 mg/L for Copper. Sodium has a recommended limit of 20 mg/L. A blank MCL value indicates a level is not currently established.

Trigger Level: DOH Drinking Water Response level. Systems with compounds detected in excess of this level are required to take additional samples. Contact your regional DOH office.

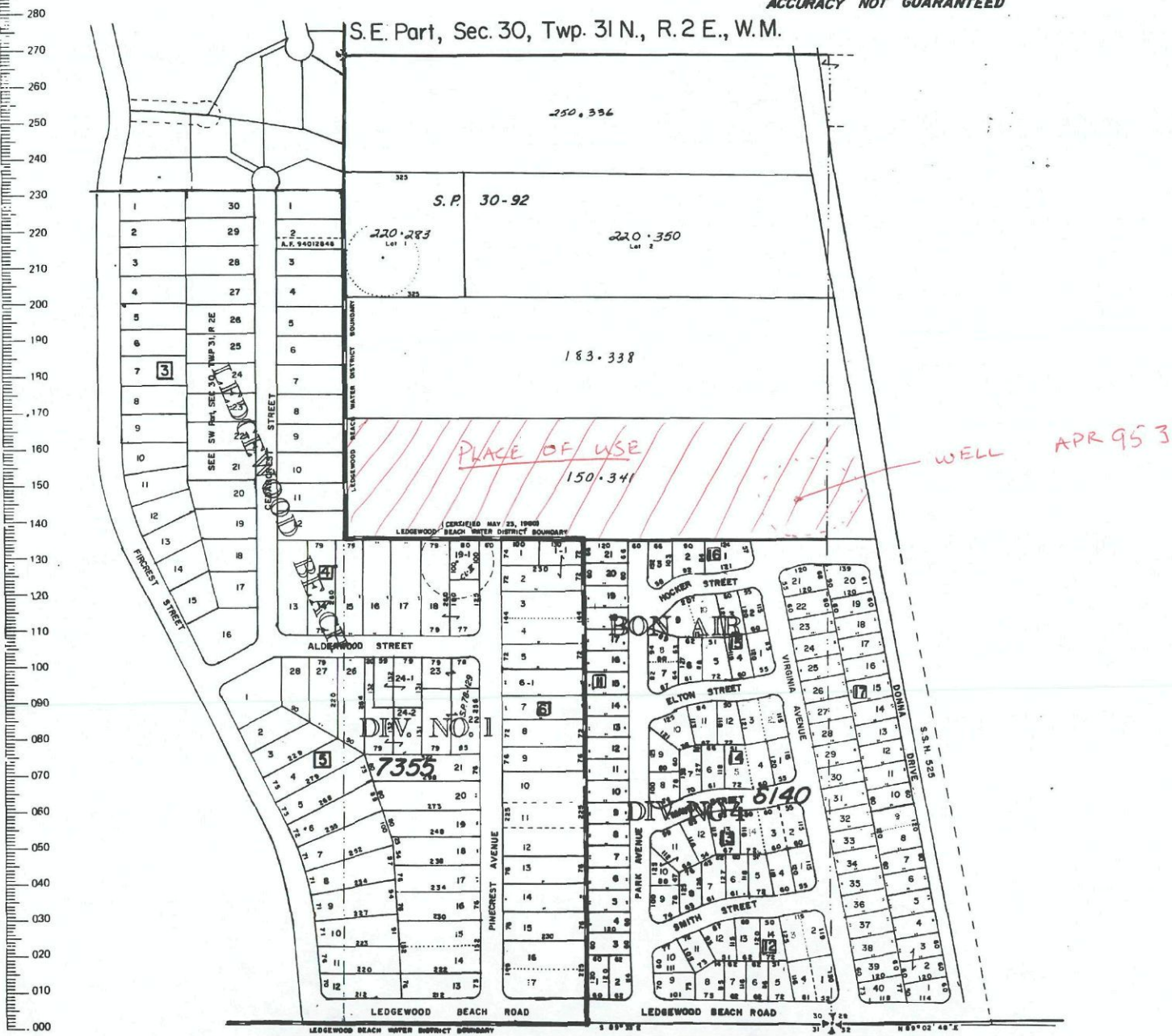
ND (Not Detected): indicates that the parameter was not detected above the Specified Reporting Limit (SRL).

NA (Not Analyzed): indicates that this parameter was not analyzed.

Comments:

DO NOT USE AS A LEGAL DOCUMENT
ACCURACY NOT GUARANTEED

S.E. Part, Sec. 30, Twp. 31 N., R. 2 E., W.M.



UPDATED 21 MAR 01 (MW)

521 SE Part 30-31-2E

Map Distances To Nearest Foot. Accuracy Not Guaranteed. Scale: 1" = 200'